

has appeared in some years. The clinician and the pathologist have joined hands in its production, and the result must be a satisfaction to the editors as it is a gratification to the conscientious reader.

ALGERNON THOMAS BRISTOW.

A MANUAL OF SURGICAL TREATMENT. By W. WATSON CHEYNE, M.B., F.R.C.S., F.R.S., Professor of Surgery in King's College, London; Surgeon to King's College Hospital, etc.; and F. F. BURGHARD, M.D. and M.S. (Lond.), F.R.C.S., Teacher of Practical Surgery in King's College, London; Surgeon to King's College Hospital, etc. In six imperial octavo volumes, with illustrations. Vols. I and II. Philadelphia and New York: Lea Brothers & Co., 1899.

The author's purpose is expressed in the preface, as follows: "We have ourselves frequently experienced the want of detailed information, especially as regards the after-treatment of our cases, and have had to learn the best methods of procedure from experience. Nothing can of course replace experience, but it is often of the greatest advantage to have a detailed record of that of others upon which to base one's work. It is this want that the present work is intended to supply. We have tried to put ourselves in the place of those who have to treat a given case for the first time, and we have endeavored to supply them with details as to treatment from the commencement to the termination of the illness. We have assumed that the reader is familiar with the nature and diagnosis of the disease, and we only refer to the pathology and symptoms in so far as it is necessary to render intelligible the principles on which the treatment is based, and the various stages of the disease to which each particular method is applicable.

"We have purposely avoided attempting to give anything like a complete summary of the various methods of treatment that have from time to time been proposed; to do so would merely confuse the reader. Only those plans are described which our experience has led us to believe are the best, but with regard to these we have en-

deavored to state exactly and in detail what we ourselves should do under given circumstances. In some cases no doubt several methods of treatment are of equal value, and while we have only discussed at length that which we have ourselves been led to adopt, we have referred shortly to the others."

Volume I. The first four chapters treat of inflammation, both acute and chronic, acute suppuration, ulceration, and gangrene. The usual routine treatment is described. The description of nearly obsolete methods,—blood-letting, various kinds of cauteries,—fills more pages than it deserves lines. The chapter on gangrene would be very good if it did not fail to give the question of amputation in diabetes the detailed consideration due to the importance of the subject.

The chapter on anæsthetics is elaborate, and gives rules for the choice of anæsthetics, according to age, condition of the patient, and nature of the operation. These rules can hardly find general acceptance. "Under three years of age . . . chloroform all through." "From three to twelve A. C. E. all through." "Rectal and genito-urinary operations . . . always ether if possible." A number of clumsy devices for giving ether with somebody's name attached are shown, but there is no description of the proper method of making the practical towel and newspaper cone which should be known to everyone who ever gives an anæsthetic.

Chapter VIII. Wounds—the treatment of incised wounds—is so very bad as to condemn the whole volume. There is no excuse to-day for recommending clumsy, unreliable methods, when surgeons the world over are nearly a unit in using a simple, reliable, logical method, the so-called aseptic method.

Bichloride solution after proper washing is the only method recommended for preparing the hands, the most important factor in operative work. Such methods as the permanganate of potash, the generation on the hands of nascent chlorine, or the use of rubber gloves are wholly ignored.

Disinfection of instruments. "After an operation they are thoroughly washed . . . immersed in a 1:20 carbolic acid solution, dried, and put into a press where they can be kept free from dust. If

they have been used for a septic case, they should be boiled before being put away. . . . If this be done there is not much disinfection required immediately before use, and it will suffice in the majority of cases to immerse the instruments in a 1:20 carbolic acid solution for half an hour or longer before the commencement of the operation. . . .

“Boiling instruments is doubtless a very certain method of disinfecting them, and is to be strongly recommended where it can be carried out, and where the instruments are all metal.”

The above may seem to represent pretty elementary ideas, but worse is to come. In the paragraph on “Preparation of Ligatures,” the authors exhibit a degree of rashness or of ignorance that makes it a cause of regret that this work may possibly be consulted by those deficient in proper discrimination:

“Preparation of Ligatures. The disinfection of the catgut, silver wire, or other materials used for ligatures or stitches may be effected by immersion in carbolic acid. It may be taken as certain that immersion in a 1:20 watery carbolic solution for from twenty-four to forty-eight hours will destroy any organisms to which the fluid has free access. . . . Some surgeons boil their silk before the operation, but while there is no objection to this procedure it is unnecessary. As it is impossible to treat catgut in this manner (it would be spoiled by boiling), the method would involve treating the silk in one way and the catgut in another.”

“Impossible to treat catgut in this manner” does not appeal to one who for years has used excellent catgut sterilized by boiling in cumol at a temperature of 165° C.

Perhaps enough has been quoted to show what kind of teachings may still emanate to-day from men of eminence; but the subject is of such very great importance that attention is called to the

“Preparation of sponges . . . After an operation the sponges are thoroughly washed . . . and are then placed in a vessel containing a 1:20 carbolic solution.” The authors do not use the sterile gauze pads commonly employed in most civilized countries; they occasionally make use of swabs of cotton “where the use of

swabs is advisable . . . foul septic wounds." The nurses must have a peculiar training. "The nurse should of course disinfect her hands, but as she is constantly soiling them, she should not be allowed to wring out the sponges."

The authors' idea of a good surgical dressing, "The most universally applicable and most satisfactory dressing yet introduced is the latest dressing proposed by Lord Lister, viz., gauze impregnated with the double cyanide of mercury and zinc."

If amusement only is sought, the reader may be referred to the authors' criticism of the method which they describe as "treatment without antiseptics."

There is an excellent chapter on syphilis, just about sufficiently detailed to be of value in a quiz compend.

Volume II begins with seven chapters on deformities, such as flat- and club-foot, knock-knee, bow-legs, congenital dislocation of the hip.

Division II. Chapters VIII to X treat of the surgical affections of the skin, subcutaneous tissues, and nails. Malignant growths of the skin are described as "cancerous tumors," and "these may occur under three forms, namely, sarcoma, rodent ulcer, and epithelioma." Two pages only are devoted to these "cancerous tumors"—a pretty scant allowance in a six-volume book for so important a topic.

Chapters XI to XVII contain the treatment of affections of the lymphatic system, fasciæ, bursæ, muscles, tendons, and tendon-sheaths, and are thoroughly satisfactory.

Chapter XVIII, the affections of the nerves, is admirable. The remainder of the work treats of the surgery of the vascular system. The subject is well handled, but the anatomical illustrations are useless.

The work, on the whole, has a foundation of scientific knowledge and a soundness of views that entitle it to respect. Written in an atmosphere of veneration for illustrious precedents, it does not represent the real activity or progress in surgery that exist to-day. The second volume is much more attractive than the first; it could not well be otherwise.

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